Substitute for Form PTO-875											Application or Docket Number 09745268			
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL	ENTITY	OR	OTHE	R THAN ENTITY	
FOR NUMBER FILE				NUMBER EXTRA				RATE	FEE		RATE	555		
BASIC FEE (37 CFR 1.16(a))								1		5		10112	FEE	
ग्र	TAL CLAIMS				1.		1		<del>  '</del>	OR ·		<del>  •</del>	<u>B</u>	
	CFR 1.16(c))	MMS	· · · · · · · · · · · · · · · · · · ·	minus 2		·	<del></del>	┨	X \$=		OR	X \$=	<b></b>	EST
(3) CFR 1.16(b))				minus	3 = .		·	],	x \$=		OR	x s=		_
LMULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								+ \$=		OR	+ s =		8	
	the difference in column 1 is less than zero, enter "0" in column 2.						2.		TOTAL		OR	TOTAL		AVAILABLE
CLAIMS AS AMENDED - PART II														AB
	• • • •		olumn 1)	••••	(Colur	ກກ 2)	(Column 3)	_	SMALL E	ENTITY	OR		R THAN ENTITY	H
AMENDMENT		RE	CLAIMS EMAINING AFTER ENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	8
DME	Total (37 CFR 1.16(c))	•	29	Minus	" 2	9	·	]	x \$=		OR	x \$=		P
AEN	Independent (37 CFR 1.15(b))		q	Minus		9_	=		x \$=		OR	x s=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+\$=		OR	+5 =		
RCEfikd									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	4/10/0E	(Co	olumn 1)		(Colur	nn 2)	(Column 3)							
ENDMENT B		RE	LAIMS MAINING AFTER ENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	
M	Total (37 CFR 1.16(c))		36	Minus	Sc	ì	= 7		x \$=		OR	x \$5.0 =	350	nel
EN	Independent (37 CFR 1.16(b))		10	Minus	··· 9	-	= 1		x s =		OR	x s 200 =	ΣΩρα	•
AM	FIRST PRESEN	TATION	OF MULTIPLE	DEPEND	ENT CLAIM	(37 CF	R 1.16(d))		+\$ =		OR	+\$ =		
TOTAL ADO'L FEE											OR	TOTAL ADD'L FEE	5 50p	1
		(Co	iumn 1)		(Colum	ın 2)	(Column 3)	_						
NTC		REI	LAIMS MAINING IFTER NDMENT		HIGHE NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	
No.	Total (37 CFR 1.16(c))	•		Minus	•		=		x \$=		OR	x \$=		
AMENDMENT	Independent (37 CFR 1.16(b))			Minus			=		x \$=		OR	x \$=		
⋛	FIRST PRESENT	TATION (	OF MULTIPLE	DEPENDE	NT CLAIM	(37 <sub>,</sub> CFF	R 1.16(d))		+ \$=		OR	+ s =		
								ı L	TOTAL			TOTAL		

ADD'L FEE

OR

ADD'L FEE

<sup>•</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>&</sup>quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.